

## **Appendix G**

### **SAMPLE ACCIDENT INVESTIGATION & REPORTING POLICY**

A thorough accident investigation is critical in determining why an accident occurred and what can be done to prevent recurrences. It is an “after the fact” process in that an accident and/or injury has already occurred. Investigations may also be considered a proactive prevention process with a goal of preventing the accident from happening again.

- Accidents generally are caused by unsafe acts or conditions. To determine the cause of accidents, it is necessary to examine the following five elements.
  1. People
  2. Machine
  3. Material
  4. Methods
  5. Environment
- Supervisors are responsible for investigating all injury or illness accidents as soon as possible after they are reported. The agency hereby adopts the forms and guidelines found in the State of Montana Employee Safety Guidelines, Section VI. These forms should be completed by the employee and supervisor and submitted to the Safety Coordinator within five business days. A copy should be sent to the Director of agency head.
- Investigation results will be documented. Results and recommendations should be reviewed by the division administrator and the Safety Committee if applicable.
- “Near miss incidents” or non-injury accidents which involve property or equipment damage should also be investigated. Actions taken to correct and eliminate “near miss incidents” will prevent more severe injury or damage accidents and are the supervisor’s responsibility.
- Incidents involving students or the public should be investigated. They are not workers’ compensation related, but the prevention of these incidents is important to the overall safety program.

## Appendix H

### SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

#### **AGENCY/EMPLOYEE INFORMATION**

AGENCY \_\_\_\_\_ DIVISION \_\_\_\_\_ LOCATION \_\_\_\_\_  
EMPLOYEE \_\_\_\_\_ AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DATE OF INJURY \_\_\_\_\_ HOUR \_\_\_\_\_ AM PM  
DATE REPORTED TO EMPLOYER \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_ ON THIS JOB \_\_\_\_\_  
SHIFT \_\_\_\_\_

#### **DESCRIPTION**

1. Describe the accident. Include the machine, object or substance involved and explain exactly what the injured worker was doing.
2. What did each co-worker or witness say about the accident? (If necessary, attach additional sheets.)
3. If pain gradually occurred, how does the employee relate this problem to work?
4. Have other employees had injuries, accidents or near misses at or near this job site? If so, when, where and how are they related to this accident?

#### **RESULT**

5. Has the worker sought medical treatment? 5 YES 5 NO DATE \_\_\_\_\_
6. What part(s) of the body were injured? (Be specific, i.e., left knee.)

#### **CAUSE**

7. Identify the causes of the accident by checking the appropriate boxes below. Remember all causes should be identified so they can be eliminated.
- |   |
|---|
| 5 Failure to assess true accident costs         |
| 5 Failure to conduct planned safety inspections |
| 5 Failure to implement adequate preventative    |

maintenance measures

#### **ORGANIZATIONAL CAUSES**

- |  |  |
|--|--|
| 5 Inadequate job training                                  | 5 Failure to incorporate safety standards in purchasing practices                  |
| 5 Failure to enforce safe job procedures                   | 5 Failure to incorporate safety standards into the design of production facilities |
| 5 Inadequate standards for hiring, placement and upgrading |  |
| 5 Lack of safe job procedures                              |  |
| 5 Lack of motivation or incentive to work safely           |  |
| 5 Lack of adequate supervisory training                    |  |
| 5 Management disinterest in accident prevention            |  |
| 5 Lack of competent safety staff services                  |  |
| 5 Management unawareness of safety fundamentals            |  |

**ORGANIZATION CAUSES** (continued)

- 5 Rapid expansion of supervisor and employee work forces
- 5 Active antagonism between management and labor
- 5 Drastic up and down changes in production rates

**PERSONAL CONDITIONS**

- 5 Pre-existing medical conditions or impairment of worker or co-worker
- 5 Worker's hobbies
- 5 Worker's off the job activities
- 5 Worker's personal problems

**UNSAFE CONDITIONS**

- 5 Inadequately guarded
- 5 Defective tools, equipment or substance
- 5 Hazardous arrangement
- 5 Improper illumination

**UNSAFE CONDITIONS**

- 5 Improper ventilation
- 5 Unsafe clothing
- 5 Unsafe design or construction
- 5 Faulty equipment
- 5 Operating without authority
- 5 Operating at unsafe speed
- 5 Using unsafe equipment
- 5 Using equipment unsafely
- 5 Unsafe loading, placing or mixing
- 5 Distraction, teasing or horseplay
- 5 Failure to use personal protective devices
- 5 Acts of another person not employed by our business

**OTHER CAUSES**

5 Explain

- 8. If an unsafe act(s) was a cause of this accident, why was the unsafe act committed?
- 9. If an unsafe condition(s) was a cause of this accident, why did the condition exist?
- 10. If an organizational cause(s) was a cause of this accident, why did the cause exist?

**PREVENTION**

11. Complete the following table:

CORRECTIVE ACTION PROPOSED	RESPONSIBLE PERSON	TARGET DATE	ACTION TAKEN	DATE COMPLETED

**CLAIMS COST CONTROL**

- 12. Have all parts of faulty equipment, machinery or other evidence associated with this accident been preserved? 5 Yes 5 No – Explain
- 13. If the employee is filing a worker's compensation claim and you doubt the validity, specify reasons below. (Attach additional pages if necessary.)

SUPERVISOR	DATE	REVIEWING MANAGER	DATE
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